

Evaluating the effects of the Jing Method™ of Clinical Massage on the wellbeing of sedentary desk-based workers

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"I certify that this work has not been accepted in substance for any degree, and is not concurrently being submitted for any degree other than that of the Diploma in Advanced Clinical Massage and Sports Massage being studied at Jing Advanced Massage Training. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others".

Katy Louise Brown: *KL Brown*

Date: 16/03/2026

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Humans are creatures of habit, finding comfort in routine. Change is hard. However, sometimes we come across situations in life where the familiar no longer brings us what we need, and change is the only thing that will help us evolve into the next stage of our life.

Feeling like something needed to change, and coming to the decision to become a massage therapist was the scariest I've ever had to make. But it so much easier to move forward with conviction surrounded by the support of good people.

To my manager who took the time to have an emotional conversation with me painfully close to the end of the work-day, you could have persuaded me to stick on the same path, but you were supportive and encouraged me to follow my dreams and I will never forget that day.

To all the friends and family who have lent an ear (and occasionally a body) since day 1, thank you. Your words and actions are what have helped me make it this far.

And finally, to all my teachers, instructors, and colleagues, but most importantly to my Jing "family". You have inspired me. You have opened my eyes much wider to the world of massage therapy, to realise there is so much more we can help with. That relaxation is only the tiniest corner of the massage universe.

Most importantly, with the input from all of you, I feel that I have found my purpose, and that is the greatest gift.

Katy Louise Brown: *KL Brown*

Date: 16/03/2026

ABSTRACT

Over 80% of jobs now lie within the services sector, many desk-based, leaving the average adult sedentary for over 9 hours per day. Sedentary behaviours have been linked to higher incidences of common mental health conditions such as stress, anxiety and depression, and just over half the workforce claim they are stressed at work.

With mixed information surrounding the effectiveness of antidepressants, and waitlists for NHS talking therapies, both conventional treatments, many are left with recommendations of exercise, and direction towards generic online self-help resources. The Jing Method™ of advanced clinical massage incorporates principles and values shown to benefit mental health, and small-scale studies in this area have produced encouraging results

Two women were recruited for this study. Participants' wellbeing was assessed using the DASS-42 questionnaire throughout. A baseline was established over six weeks, then in the following six weeks participants received a weekly 50-minute treatment alternating between in-person and online sessions, and were required to attempt a 5-minute deep breathing exercise regularly. A month later the DASS-42 questionnaire was completed once more to make a final assessment of participants' wellbeing.

Wellbeing improved for both participants. By the end of the intervention phase, overall scores had decreased by an average of 50.6% from baseline and had reduced further to 67.9% at follow-up.

This was the first study to use a blended approach of online and hands-on Jing Method™ treatments for improving wellbeing in sedentary workers. Participants reported that the blended format suited them well, and that guided sessions felt empowering. Although small-

scale, this study builds on previous Jing research and adds further evidence, supporting this multimodal approach.

Further research is recommended into the Jing Method™, particularly regarding wellbeing outcomes and intervention format. Investigation into combining the Jing Method™ with talking therapies, and its potential integration into conventional healthcare, is also recommended.

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ABBREVIATIONS

Advanced Clinical Massage Therapy	(ACMT)
Average Control Period Score	(ACPS)
British Association for Counselling and Psychotherapy	(BACP)
Bio-Psycho-Social Model	(BPSM)
Client Centred Communication	(CCC)
Common Mental Health Conditions	(CMHC)
Depression Anxiety and Stress Scale	(DASS)
Heat, Fascia, Muscles, Acupressure, Stretching, Teaching	(HFMAST)
Health and Safety Executive	(HSE)
Internet Cognitive Behavioural Therapy	(iCBT)
Massage Therapist	(MT)
Myo-Fascial Release	(MFR)
National Health Service	(NHS)
National Health Service Business Services Authority	(NHSBSA)
National Institute for Health and Care Excellence	(NICE)
National Institute for Health and Care Research	(NIHR)
Office for National Statistics	(ONS)
Sedentary Behaviours	(SB)
Talking Therapy/Therapies	(TT)
The Jing Method™	(TJM)
UK Council for Psychotherapy	(UKCP)
World Health Organization	(WHO)

LITERATURE REVIEW

Service sector jobs, the majority of which tend to be sedentary, account for over 80% of the workforce (ONS, 2019), and the average employed adult is estimated to be sedentary for over 9 hours per day (NIHR, 2020). One in five adults lives with a common mental health condition (CMHC) with anxiety and depression most prevalent (NHS England, 2025a), and just over half of British workers surveyed said they felt stressed at work (Kirk, 2022), which could be why 9.8% of all absences from work in the UK were attributed to mental health in 2024 (ONS, 2025).

Sedentary desk-based roles and mental health

Sedentary behaviours (SB) involve low energy expenditure whilst awake, such sitting or reclining, and these behaviours have become the norm when using screens for work (WHO, 2024). The number of people working in sedentary roles are not specifically recorded, therefore it is impossible to say how far reaching the effects of sedentary work are on wellbeing. Studies however, have found convincing links that increased SBs equate to higher levels of depression and reduced wellbeing (Rebar *et al.*, 2014; Hamer *et al.*, 2015; Pears *et al.*, 2021). Whilst similar but weaker links were found between anxiety and SBs (Teychenne *et al.*, 2015), a recent review concluded “occupational SB was associated with an increased risk of mental health issues” (Nasir *et al.*, 2025). However, we should not ignore inconclusive links between wellbeing and either the period of time spent sitting at work, or the level of mental activity when sedentary (Watanabe *et al.* (2021); Jin *et al.* (2025)), with more research suggested.

It can be summarised there is a reasonable chance that sedentary desk-based roles at work negatively impact wellbeing and could potentially contribute towards sickness days taken due to CMHCs.

Wellbeing Contextualised

This study considers the symptoms of depression, anxiety and stress (Table 1). More broadly, there is no one single definition of wellbeing, but the Health Survey of England states that (NHS England, 2022):

“[wellbeing] includes the way that people feel about themselves and their lives... “it is generally thought to be made up of things like the experience of positive emotions, people’s perceptions that the things they do in their lives are meaningful and worthwhile, and life satisfaction.”

These are all factors that impact a person’s symptoms, and the range of symptoms illustrates how mental and physical health are intrinsically linked. The overlap in symptoms between conditions clearly demonstrates that wellbeing is a complex subject where conditions can coexist and offers explanations for the similarities in treatments for CMHCs.

Table 1: The Biological, Psychological, and Social Symptoms of Depression, Anxiety and Stress (adapted from NHS UK, 2022; NHS UK, 2023a; NHS UK, 2023b)

	Biological	Psychological	Social
Depression	<ul style="list-style-type: none"> • moving or speaking more slowly than usual • changes in appetite or weight (usually decreased, but sometimes increased) • constipation • unexplained aches and pains • lack of energy • low sex drive (loss of libido) • disturbed sleep – for example, finding it difficult to fall asleep at night or waking up very early in the morning 	<ul style="list-style-type: none"> • continuous low mood or sadness • feeling hopeless and helpless • low self-esteem • feeling tearful • feeling guilt-ridden • feeling irritable and intolerant of others • having no motivation or interest in things • finding it difficult to make decisions • not getting any enjoyment out of life • feeling anxious or worried • thoughts of harming yourself or suicide 	<ul style="list-style-type: none"> • avoiding contact with friends and taking part in fewer social activities • neglecting your hobbies and interests • having difficulties in your home, work or family life
Anxiety	<ul style="list-style-type: none"> • faster, irregular or more noticeable heartbeat • feeling lightheaded and dizzy • headaches • chest pains • loss of appetite • sweating • breathlessness • feeling hot • shaking 	<ul style="list-style-type: none"> • feeling tense or nervous • being unable to relax • worrying about the past or future • feeling tearful • not being able to sleep • difficulty concentrating • fear of the worst happening • intrusive traumatic memories • obsessive thoughts 	<ul style="list-style-type: none"> • unable to enjoy leisure time • difficulty looking after yourself • struggling to form or maintain relationships • worried about trying new things • avoiding places and situations that create anxiety • compulsive behaviour, such as constantly checking things
Stress	<ul style="list-style-type: none"> • headaches or dizziness • muscle tension or pain • stomach problems • chest pain or a faster heartbeat • sexual problems 	<ul style="list-style-type: none"> • difficulty concentrating • struggling to make decisions • feeling overwhelmed • constantly worrying • being forgetful 	<ul style="list-style-type: none"> • being irritable and snappy • sleeping too much or too little • eating too much or too little • avoiding certain places or people • drinking or smoking more

Conventional Treatments for Adults

The NHS align with treatment recommendations by National Institute for Health and Care Excellence (NICE) but they do not make recommendations for massage. Current NHS treatments for adults are antidepressants, and/or talking therapies (TT) (NHS England, 2025b), supplemented with recommendations of non-specific exercise, and direction towards generic online self-help resources.

There are mixed views surrounding antidepressants. Some studies have found them to be an effective treatment for depression and anxiety, at least for moderate to severe symptoms, (Cassano *et al.*, 2002; InformedHealth, 2024). Whereas a recent review states that the effectiveness “is not well established” (Kovich *et al.*, 2023), echoing Almohammed *et al.* (2022) who found that effects were not significant when compared to non-medicated patients. Crucially, Cipriani *et al.* (2018) assessed that 82% of trials had at least a moderate risk of bias putting the reliability of studies into question. Additionally, they come with a host of side effects (NHS UK, 2025).

A survey reported that TTs offered the most positive impacts on mental health (UK Council for Psychotherapy (UKCP), 2021), a sentiment previously expressed by Kamenov *et al.* (2016) who found, whilst effects were small, after adjusting for publication bias, TT was more effective at improving quality of life than antidepressants. However, in 2022/23 wait times for TTs in England could be up to 79 days and varied greatly depending on location (Baker & Kirk-Wade, 2024), in part down to funding and insufficient staff according to the British Medical Association (BMA) (BMA, 2024). This appears to have led to a preference in prescribing antidepressants, with approximately 8.7 million prescriptions between April 2023 and March 2024 (NHSBSA, 2024), with previous statements that antidepressants were the most used treatment due to a lack of resources Cipriani *et al.* (2018) supporting this theory.

The Jing Method™ of Clinical Massage

The Jing Method™ (TJM) of advanced clinical massage therapy (ACMT) is a client-led outcome-based treatment approach for chronic pain and injury, established in 2003. Massage therapists (MTs) use adaptable protocols to treat musculoskeletal and systemic conditions which bring together techniques and approaches from a range of complementary practices. There are three fundamentals to TJM: the building of a therapeutic alliance (TA) which includes a comprehensive consultation and clinical assessment, consideration of the biopsychosocial model (BPSM), and the Heat, Fascia, Muscles, Acupressure, Stretching, Teaching (HFMAST) principles. TJM aligns with NICE guidelines for treating mental health conditions of employing empathy, dignity and respect (NICE, 2019).

Client Centred Communication

Overwhelmingly, research shows that client centred communication (CCC) has positive impacts during treatment. A review within mental health services, concluded that when used it “enhances the TA” (O’Keeffe *et al.*, 2016), a collaborative relationship between client and MT, which “is necessary for establishing a positive rapport and trust” (McParlin *et al.*, 2022). The same study by O’Keeffe *et al.* additionally states that CCC “improves treatment adherence and engagement, increases patient satisfaction, and leads to better overall outcomes”, sentiments echoed by Lebert *et al.* (2022). When receiving the TJM, a study showed that those who received a positive TA versus a neutral one, had better outcomes (Gillingham, 2017).

Biopsychosocial Model

A concept developed by George Engel in 1977 considering all contributing factors to a person's health (Saxena *et al.*, 2022). It encompasses physical symptoms, thoughts, feelings, beliefs and past experiences, a person's demographic, their background, and who they are surrounded by. Accounting for the BPSM within mental health aligns with NICE (2022) recommendations which state that practitioners should discuss any history, or past experiences, lifestyle and interpersonal relationships during assessment. However, despite its usefulness in deciding on a way forward, it cannot determine which factors have caused ill health (Roberts, 2023).

HFMAST Principles

TJM protocols, are designed to include the HFMAST principles into a 50-minute treatment, (Fairweather & Mari, 2021, p.6), the descriptions and benefits are shown in Table 2.

Table 2: Principles of the Jing Method™ for the Treatment of Chronic Pain and its benefits for Mental Wellbeing. Adapted from Fairweather and Mari (2021) and various in table references.

Component	Description Relating to Jing Method™	Use for Wellbeing
Heat	The appropriate use of hot or cold in treatment.	Heat provides relaxation of the autonomic nervous system indicating a reduction in the body's stress response (Lee <i>et al.</i> , 2011).
Fascial Techniques	Using both direct and indirect myo-fascial release (MFR) techniques to affect the fascia.	A study into using MFR with chronic neck pain and depression saw improvements in psychological wellbeing (Overman <i>et al.</i> , 2024), adding to earlier works included in a systematic review that concluded there was tremendous potential for using MFR (Ajimsha <i>et al.</i> , 2015) although more research is needed.
Muscle Techniques	Specifically treating all muscles around the affected joint for trigger points.	In a review of trigger point theory and muscle pain patterns Zhai <i>et al.</i> , (2024) states that trigger point work including through massage disrupts pain pathways and activated other natural analgesic systems in the body to enhance pain relief.
Acupressure	Applying pressure to relevant acupressure points in the body.	Studies suggests that acupressure could help reduce anxiety and stress (Yang <i>et al.</i> , 2021; Peng <i>et al.</i> , 2024). And a recent systematic review showed that anxiety and depressive symptoms were both reduced by using acupressure (Lin <i>et al.</i> , 2022)
Stretching	Using a range of stretching techniques on relevant muscles including static stretches, proprioceptive neuromuscular facilitation (PNF), or active isolated stretching (AIS).	Implementing a short stretching protocol amongst workers proved effective at reducing anxiety and improving mental health (Montero-Marin <i>et al.</i> , 2013). Additionally, over the course of a year, stretching was found to significantly decrease stress markers, although some of this effect came from group support relating to the interactive stretch classes (Corey, 2014).
Teaching	Empower clients through knowledge by helping them understand their symptoms and providing selfcare and rehabilitation exercises within the MT's training and scope of practice.	During post study feedback, elevated levels of wellbeing improvement were attributed to the teaching of wellbeing skills, and empowerment of participants as they were able to try various activities and select the ones most relevant to them (Birch, 2024).

Efficacy For Wellbeing

All studies investigating TJM and wellbeing resulted in positive outcomes, with reduced Depression, Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 1995) scores (Aherin, 2023; Birch, 2024; Brown, 2025; Cassadei, 2023; Dumont, 2024; Jarrett, 2024; Leeman, 2020; Martinez-Perez, 2023; O’Flynn, 2024; O’Neil, 2021; Quayle, 2023; Rigby, 2020; Stewart-Smith, 2024; Watson, 2023). Many noted retained improvements compared to base lines when followed up a month later including sedentary desk-based workers studied by O’Flynn (2024). Feedback from participants also attributed the teaching of wellbeing skills to increased benefits (Birch, 2024). Despite the growing body of evidence, each of these studies had a small sample size. The researcher also acted as the practitioner, and there was a wide range of demographics and intervention methods amongst studies, meaning full comparisons cannot be made between them.

In-person versus online treatment for mental health

TTs were forced online in the COVID-19 pandemic (Giordano *et al.*, 2022; Moudatsou *et al.*, 2024). Online therapy has since expanded, doubling compared to five years previous, and the British Association for Counselling and Psychotherapy (BACP) reports that around 13% of people now receive treatment online (BACP, 2025). This largely due to the benefits over in-person sessions, although both have their merits and drawbacks (Table 3).

Table 3: Advantages and Disadvantages of Online Versus In-Person Mental Health Treatment

	Advantages	Disadvantages
Online	<ul style="list-style-type: none"> • Convenience (time and location) • More accessibility (for psychological and social reasons), and potentially less wait times for treatment. • Greater choice in therapist. • Reduced stigma (as can do from the comfort of their own home). • No need to travel • Potentially reduced costs. 	<ul style="list-style-type: none"> • Need for a reliable internet connection and equipment such as a computer and webcam. • Reduced ability for therapist to pick up on body language and non-verbal cues. • Increased risk of confidentiality and privacy problems by others in the clients chosen space overhearing conversations, or because of cyber-attack.
In-Person	<ul style="list-style-type: none"> • Easier for the therapist to pick up on body language non-verbal cues. • The location is neutral and less likely to encounter privacy or confidentiality problems from others overhearing conversations. • No need for the client to have equipment to take part. 	<ul style="list-style-type: none"> • Limited to therapists within commutable distance of client. • Potential for reduced accessibility and longer wait times for treatment especially if local services are in demand. • Can be more expensive. • Travel costs and times must be factored in.

Previous research found internet-based cognitive behavioural therapy (iCBT) to be successful for treating adults with anxiety (Olthuis, 2016). More recent studies conclude that both online and in-person treatments are effective (Ierardi *et al.*, 2022; Tham *et al.*, 2022; Stuart, *et al.* 2022), although Stuart *et al.* also found that depressive symptoms improved more quickly with iCBT. Recent reviews found iCBT improved quality of life for those with anxiety and depression especially in more severe cases (Fadipe *et al.*, 2023; Maj *et al.*, 2023), with Fadipe *et al.* acknowledging the benefits associated with cost and accessibility. However, whilst promising there was no heterogeneity between methods amongst studies, and most were conducted in wealthy Western countries limiting social and economic backgrounds.

Not much is currently known about online massage therapy services. Since 2020 there have been 25 studies using TJM either completely or partially online, 7 of these concerned mental health or wellbeing (Aherin, 2023; Birch, 2024; Brown, 2025; O’Neil, 2021; Rigby, 2020; Stewart-Smith, 2024; Watson, 2023) and resulted in reduced DASS scores indicating improved wellbeing. Whilst their sample sizes were small, it indicates that online massage could be offered to those whose needs and preferences prevent them from attending in-person sessions. Of the remaining studies, 13 had their intervention solely online, and 5 were used both online and in-person intervention. Outcomes in most of these studies were positive adding weight to the argument for online offerings. There were negative outcomes for some individuals, and Harte (2023) observed that participants were more positively engaged with the in-person sessions indicating that online massage sessions might not always be a plausible solution, however this was for a musculoskeletal issue, not mental health.

This study aims to add to existing conclusions that TJM could be a valid option to improving wellbeing, and that using a blended treatment format is positive. This could help workers, their employers and the health service by reducing the reliance on antidepressants and sick days to live a better life and the socio-economic benefits that follow.

METHOD

Ethical approval was given by Jing Institute of Massage and Complementary Medicine (appendix 1). As a with-in subject design study, participants served as their own control, with symptoms compared before and after the intervention period. This approach accommodated individual differences and was suitable for the small group size, where 2 women were recruited, and both completed the study.

The instrument of measurement was the Depression, Anxiety and Stress Scale (DASS-42; Lovibond & Lovibond, 1995), its 42 questions measure how symptoms of depression, anxiety and stress affect a person's life (appendices 2 and 3). The questionnaire was converted to an online format with no alterations to the original wording (appendix 4).

Participants were recruited by approaching local businesses, marketing online, and via word of mouth (appendix 5). Individuals contacted the researcher via email and were provided with information outlining the study aims, procedures, and requirements (appendix 6), and a link to an online screening form (appendix 7). Qualifying individuals were required to watch a researcher-recorded video explaining the DASS-42 questionnaire and confirm understanding prior to completing it. Those who met the inclusion criteria (stated in appendix 1) attended an online consultation to collect personal data and answer outstanding questions before consenting (appendix 8).

The 16 week study comprised of a control (weeks 1-6), an intervention (weeks 7-12), and a follow up at week 16. In the control the DASS-42 questionnaire was completed online once each week to give a baseline score. They also provided weekly self-ratings of sleep quality and energy levels using a scale from 0 to 10, reflecting the previous seven days (appendix 9). Guidance on how to assess these measures was included in the explanatory DASS-42 video.

The intervention comprised of six 50-minute clinical massage sessions, they were attended in-person in weeks 7, 9, and 11 at the researcher's clinic, and online in weeks 8, 10, and 12 from the participant's home. Through the intervention period participants continued to complete the DASS-42 and record sleep and energy scores once a week, a link to the questionnaire was sent six days after their session. They were instructed to complete 5-10 minutes of deep breathing five days a week and were sent a video of a guided breathing session to follow and were asked to record how many attempts had been made. Both in-person and online massage sessions were adapted versions of the stress and chronic pain protocol of TJM of clinical massage. The in-person sessions followed the same protocol (appendix 10) each time and took a whole-body approach. Techniques mainly focussed on MFR, including cross hand stretches, limb pulls, and diaphragm holds, and included the use of hot stones. The online sessions (appendices 11-13) covered the whole body over the three sessions. They included techniques of deep breathing, stretching, acupuncture points -selected for their use in wellbeing- and self-massage. Online sessions were accompanied by information sheets covering wellbeing, anatomy, HFMAST principles, and home care suggestions (appendices 14-17).

There was no contact with participants between weeks 12 and 16 excepting the instruction to fill in the questionnaire six days after the final week 12 intervention. At week 16 the questionnaire was completed for a final time and participants provided feedback (appendix 18).

RESULTS

Wellbeing improved for the adult female sedentary office workers, and improvements were either sustained or increased in the four weeks following treatment, indicated by the downward trend in overall DASS-42 scores (Figure 1).

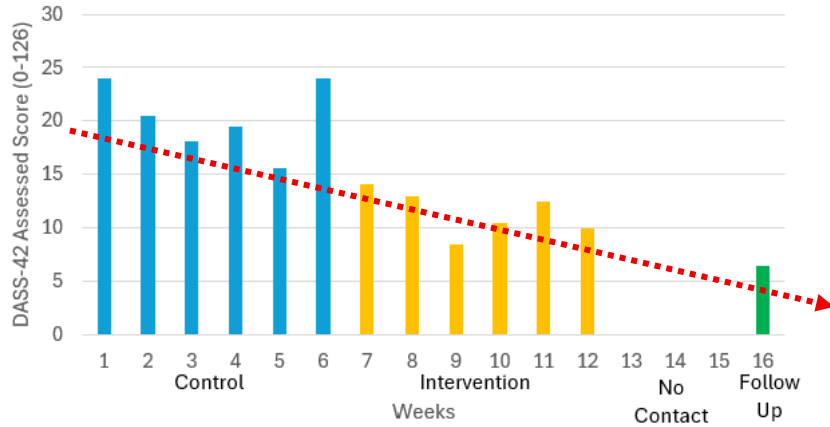


Figure 1: Mean overall DASS-42 score through the study lifespan with a downward trend

Comparing the average control period score (ACPS) for overall distress to the end of the intervention phase there was a mean change of -10.3 equating to a 50.6% reduction. At the follow up the mean change was -13.8, equating to a reduction of 67.9%. Scores for each category were down to normal levels at the end of the study, for DASS-42 levels (Table 4).

Table 4: Lower and upper bounds of severity categories of the DASS-42

Severity Category	Depression Lower Bound	Depression Upper Bound	Anxiety Lower Bound	Anxiety Upper Bound	Stress Lower Bound	Stress Upper Bound
Normal	0	9	0	7	0	14
Mild	10	13	8	9	15	18
Moderate	14	20	10	14	19	25
Severe	21	27	15	19	26	33
Very Severe	28	42	20	42	34	42

Cumulative self-reported sleep and energy scores increased between the control and intervention phases, indicating improved sleep and higher energy levels after receiving treatment (Table 5).

Table 5: Cumulative self-reported sleep and energy scores for participants 1 and 2 in each study phase and the difference between them

	Cumulative Energy Score		Cumulative Sleep Score	
	1	2	1	2
Participant				
Control Phase	34	28	32	32
Intervention Phase	40	31	41	31
Score Difference	+6	+3	+9	-1

Participants displayed different DASS profiles. Key scores for each participant were examined individually. For full results see appendices 19 & 20.

Participant 1

Depression was the greatest contributor to wellbeing. Initially assessed as mild, their score was normal at the end of the study. Depression scores had reduced by 50.8% (-5.2) at the end of the intervention, and by 60.7% (-6.2) at follow up when compared to the ACPS (10.2) (Figure 2). Anxiety and stress scores were normal throughout.



Figure 2: Depression scores for participant 1 through the study showing a downward trend in scores

Participant 2

Stress was the greatest contributor to wellbeing. Initially assessed as moderate, their score was normal by the end of the study. There were spikes in stress in weeks 1, 6, and 11. (Figure 3). At the end of the intervention stress scores had decreased by 18.8% (-3.0) from their ACPS (16.0), and by the follow up had decreased by 56.3% (-9.0).

Anxiety and depression scores were normal throughout.

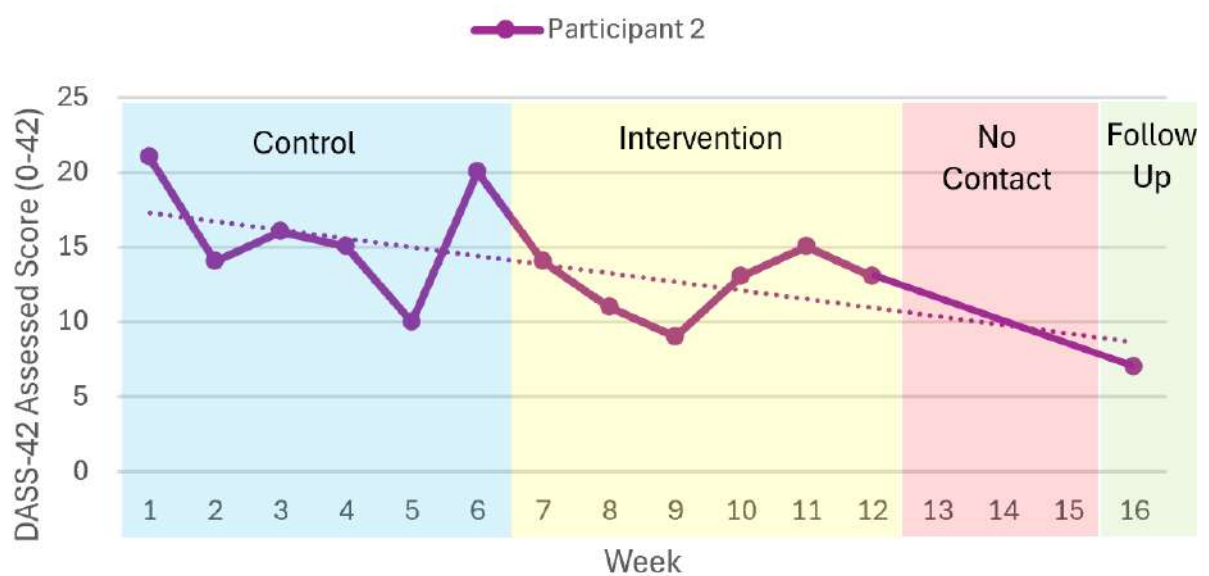


Figure 3: Stress scores for participant 2 through the study showing a downward trend in scores

DISCUSSION

Key Findings

This study aimed to evaluate the effectiveness of TJM of ACMT for improving wellbeing of sedentary office workers. Results indicate that the TJM chronic stress and anxiety protocol improved the wellbeing of the two participants when delivered as a blend of in-person and online treatment. This was demonstrated by the average reduction in DASS-42 scores by 50.6% the end of the intervention.

Improvements were sustained during the follow-up period, with an average reduction of 67.9% from baseline scores, suggesting that the HFMAST treatment approach remained effective beyond the intervention phase. Greater potential benefit was indicated when comparing the highest pre-intervention scores with the lowest post-control scores, which showed reductions of 76% and 75% for participants 1 and 2 respectively.

Observations and Learnings

Meta-analysis of the data

Depression scores for participant 1 reduced by 50.8% to the end of the intervention, and by 60.7% at follow up when compared to the ACPS. This shows a steadier progression compared to the stress scores for participant 2, which had decreased by 18.8% from their ACPS at the end of the intervention, but accelerated to 56.3% at the follow up. Bearing in mind there had been no further intervention, this raises questions as to why this was. Plausible theories may lie in external factors based on feedback and interactions with participants. Overall, external factors such as workload, relationships, routine activities, and significant life events were stable for participant 1, whereas participant 2 shared that their level of responsibility and

workload was higher than usual for a significant number of weeks that coincided with the study, which had ended before the follow up and it seems probable that this will have contributed, and indicates that ACMT is not completely effective at reducing stress over long periods of time.

Improvements for participants were seen in weeks 1-5 of the control period. This could be attributed towards them taking decisive action to participate and starting to build a TA with the researcher, where information provided an opportunity to ask questions and set their own treatment schedule around their life demonstrated CCC which is linked to positive outcomes (O’Keeffe *et al.*, 2016; Lebert *et al.* 2022).

Correlations between self-reported sleep and energy scores and DAS scores were positive but changes were incremental. Participant 1 reported higher scores for both energy and sleep indicating minor improvements, with feedback stating that they were sleeping better at the end of the study. This should have been expected as depression negatively affects sleep and energy (table 1; NHS, 2025), therefore decreased depression scores for participant 1 would correlate with their lived experience. Results for participant 2 were more ambiguous and may be linked to external factors already discussed.

Comparison with existing Jing Method™ Studies

Findings align with other studies in showing that the Jing chronic stress and anxiety protocol has a positive effect on wellbeing (Aherin, 2023; Birch, 2024; Brown, 2025; O’Neil, 2021; Rigby, 2020; Stewart-Smith, 2024; Watson, 2023). They also support the conclusions of O’Flynn (2024), who found that ACMT improved wellbeing among sedentary desk workers. Some methodological differences exist. O’Flynn (2024) incorporated additional acupressure

points, direct fascial techniques not used in this study, and alternative rib and chest techniques. Their study also consisted entirely of in-person sessions and included a more extensive home-care programme. However, stretches prescribed as home-care in that study were incorporated into the online sessions of this research, as were most acupressure points.

Findings also agree with Birch (2024), who conducted the only other blended treatment study within wellbeing, concluding that ACMT had a positive impact on wellbeing. Birch's study looked at women aged 40-60, and as both participants in this study were female and fell within the same age category, adds weight to their conclusions.

However, whilst results would seem to confirm the findings of these previous studies, all were small with the largest group size of $n=22$, and none were identical making direct comparisons difficult.

Feedback Analysis

Both women agreed that taking part in the study had a positive impact on their wellbeing, correlating with the downward trend in DASS-42 scores, and both commented that they were better able to relax after work or before going to bed.

Whilst participants were sceptical about the online sessions and concerned they would not get the same benefit as a hands-on session, attitudes at the end of the study were positive. Participants thought they "got a lot out of online sessions" and commented they were empowering for treating themselves echoing similar comments made by Birch (2024). Both participants interacted with the educational handouts, with one commenting that it "was a good reminder of techniques covered in the online sessions". When asked what they would choose for themselves and recommend others moving forwards, both replied that they would recommend a blend of interventions over a single medium, showing a turnaround in attitudes

towards online sessions after previously thinking that they would have preferred all hands-on treatments. One participant singled out online sessions for being beneficial for when they do not have the time or money to get hands on which were benefits discussed in table 3 and concurs with Fadipe *et al.* (2023). Combining this feedback with the resultant improvements in wellbeing, this suggests that online treatment can be a successful method of delivery and may be preferred when offered as it aligns closely with CCC which we know improves outcomes (O’Keeffe *et al.*, 2016).

The DASS-42 was an appropriate measurement and as most other mental health based TJM studies also used it, results are therefore comparable. However, one participant found it too long because there were several statements which they did not feel applied to them. Future studies may want to consider using the shorter 21 question version of DASS as Brown (2025), Stewart-Smith (2024), and Watson (2023), or if studying stress more closely, using an alternative measurement tool such as the Perceived Stress Scale (PSS; Cohen *et al.*, 1983).

Implications

TJM could not only be a viable option for the treatment of mental health, but it may also be successful when online treatment is included, providing options for individuals to seek treatment sooner than the than the 4-79 day wait currently experienced by patients of the NHS (Baker & Kirk-Wade, 2024). The option to seek prompt effective treatment could potentially result in a reduction in the number of antidepressant prescriptions which have been favoured because of the lack of availability for TT (Cipriani *et al.*, 2018). Private companies may want to consider offering ACMT to staff as a means of providing prompt mental health support, potentially leading to fewer working days lost to CMHCs, with positive financial implications.

Limitations

There are not many studies into either the treatment of mental health in sedentary desk-based workers, or the use of a blended treatment approach. More studies are needed within this demographic to establish robust conclusions. Further wellbeing studies would also help to increase evidence of the links between TJM and the treatment of mental health, as the number of existing studies is relatively low.

In existing studies, participant numbers are small including this study (n=2). This limits the amount of data to be added to the research pool. Contributing reasons for the small sample size would include recruitment taking place in the summer holidays over a relatively short period of time. During these weeks there were higher incidences of workers taking holiday, this could have resulted in missed opportunity to take part, either because the opportunity was missed, or because following a break from work, individuals felt less depressed, anxious and stressed. Finally, as the researcher was the sole practitioner, this limited how many participants could be seen. However, the differences in effectiveness for stress and depression might not have otherwise been picked up had the group size been large, and this has identified the potential benefit of studying depression, anxiety and stress individually in the future.

As the researcher acted as the practitioner a level of bias is introduced, as in designing and reviewing existing literature certain outcomes will have been preferred and this could have influenced their interactions with the participants by forming a more positive TA which has been shown to result in more positive outcomes (Gillingham, 2017), this would add an extra variable into the study. If the study were to be repeated by a different practitioner results might not be the same as their TA would likely be different, however Watson (2024) replicated the study by, Stewart-Smith (2023), and both resulted in positive outcomes.

This study was designed for all sedentary desk-based workers, however, there were no male or non-binary participants, therefore no solid conclusions can be drawn about the wellbeing of desk-based workers after receiving ACMT based on gender. However, the three men in O’Flynn’s (2024) study improved their wellbeing, and the study by Casadei (2023) looked at depression in men and indicated TJM’s effectiveness. Similarly, other socio-economic factors such as the type of work done, or the level of seniority and responsibility were not considered which could potentially impact wellbeing outcomes.

Distress scores of the participants in this study were relatively low with the most severe scores rated as moderate, this meant that improvements in scores were small. As there were no participants with either severe or very severe symptoms, it is not possible to tell whether the magnitude of outcomes would be similar or different to those with lower control scores. Given the results of this study however, it can be postulated that sedentary workers with severe or very severe symptoms could see significant improvements as all but one participant’s symptoms dropped to normal levels in O’Flynn’s (2024) all hands-on study.

Recommendations

Future research should replicate this study to allow direct comparison of results. Further investigation into both wellbeing outcomes and intervention formats is recommended to strengthen the evidence base. Currently, only seven studies, including this one, have explored blended TJM interventions, despite positive participant feedback suggesting this approach may represent an important area for future development.

Future studies could also monitor external factors such as workload, relationships, routine activities, and significant life events to better contextualise results and gain deeper insights. With sufficient research, systematic reviews may eventually provide stronger conclusions regarding the effectiveness of ACMT and may help explain anomalies observed in individual studies in retrospect.

Finally, there is potential for research exploring whether combining TJM with talking therapies could produce enhanced wellbeing outcomes within integrated healthcare approaches.

CONCLUSION

The chronic stress and anxiety protocol of TJM had a positive effect on the wellbeing of sedentary desk-based workers and adds weight to conclusions formed in previous research. Furthermore, these results were achieved when treatment was delivered as a blend of online and hands-on sessions allowing personalisation of treatment plans. At the end of the study attitudes towards online massage were positive and participants recorded feeling empowered to treat themselves at home with the techniques they learnt in their sessions. This indicates that when seeking help with mental health individuals are willing to take an active role in their treatment as opposed to relying solely on practitioners. This provides grounds that a blended program of TJM of ACMT could be an effective option for supporting the wellbeing of sedentary desk-based workers, particularly for individuals displaying symptoms of depression, and could be something for employers to consider as part of their health and wellbeing strategy.

Supporting wellbeing is in the interest of employers whose employees are primarily sedentary desk-based workers as this not only has implications for the overall health of their staff, but also carries financial implications in terms of days lost to sickness due to CMHCs and productivity of the workforce.

Further research is encouraged into massage and its role in the treatment of mental health both as a stand-alone treatment and as an integrative treatment plan with TT. As the sample size was small, repeating this study would be beneficial to strengthen conclusions and see if they are truly representative.

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APPENDICES

Appendix 1: Signed -off application for ethical approval of the project



	CHECKLIST OF INSTRUCTIONS FOR STUDENTS	
1	Complete Section 1 to Section 13	✓
2	Electronically sign and date	✓
3	Participation information form (see separate form)	✓
4	Participation consent form (see separate form)	✓

Jing BTEC Research Ethics Form

**BTEC Level 6: Professional diploma in
Advanced Clinical and Sports Massage**

Section 1: to be completed by student

Student's name:	Katy Louise Brown (Kate)
Student number:	RC84161
BTEC Year-group:	2024-2026
Date of application:	24 th July 2025
Student e-mail address:	katebrownmassagetherapy@gmail.com
Title of research project:	Evaluating the effectiveness of the Jing Method of Clinical Massage on the wellbeing of sedentary desk-based workers

Section 2: Does your project involve any primary research using human subjects?

Please indicate as appropriate.

	YES	NO
Does your project involve any primary research using human subjects?	X	
If yes, does it involve children under 16?		X
If yes, does it involve children under 18?	N/A	N/A
Other vulnerable populations (i.e. mental illness, aged subjects)? <i>Those experiencing symptoms of stress, anxiety and/or depression these may be to clinical or sub-clinical levels as assessed by the DASS-42 questionnaire</i>	X	
Does your project involve NHS patients, NHS staff or Local Authority Service Providers?		X
Are you planning to use deception?		X

Are you collecting sensitive personal data such as sexuality, mental health data, etc.? <i>As required by DASS-42</i>	X	
Does your study involve paying participants or an alternative incentive to participate		X
Could the study put you or someone else at risk of injury?		X
Does your project make use of a validated questionnaire?	X	
<p>If yes, please specify the name of the validated questionnaire you are using and attach a copy here. <i>DASS42 – Depression, Anxiety & Stress Scale instrument, 42 questions.</i></p>		

Section 3: Research premises

<p>Kate Brown Massage Therapy -a private home clinic 4 Henrys Run, Cranbrook, Exeter, Devon, EX5 7AW United Kingdom</p> <p>And within the participants own environment for online interventions.</p>	
<p>If your research is being undertaken outside of your own premises, do you have written confirmation from the establishment involved? If yes, please provide evidence.</p>	<p>Yes/ No/ Not applicable</p>

Section 4: Recruitment

Participants will be recruited from Cranbrook, Exeter, and the surrounding East Devon area.

Advertisement will be in the form of:

1. Adverts/posters on social media – Facebook, Instagram, LinkedIn, Google My Business
2. Posting on local Facebook groups: What's Happening Exeter?, Exeter Business Ladies, Belonging to Cranbrook Businesses (Devon, UK), Everything Broadclyst and neighbouring villages, Exeter Community UK, Exeter Small Businesses
3. Posters and email approaches to local institutions and firms where I have connections: Met Office,
4. Posters in public space within local businesses
5. Email to current and past client base

Section 5 Outline your project procedure

This study will evaluate the Jing Method of Clinical and Sport Massage on the wellbeing of sedentary desk-based workers. It will be conducted as a with-in subject design and will take place over 16 weeks comprising a 6-week control period, a 6-week intervention period, and a follow up at week 16.

In the recruitment period applicants will attend an in-person meeting to:

- Understand the research study.
- Be given an opportunity to ask questions.
- Be taken through the chosen instrument (DASS-42 questionnaire) and taught how to complete it.
- Asked to complete the DASS-42 questionnaire to ensure they fully meet this inclusion criteria.
- If eligible, provide consent to take part.
- Eligible, consenting, participants will agree the day of the week they will receive treatment sessions in the intervention period.
- Eligible, consenting, participants will be taken through a full consultation to gather their personal information, provide their medical history, and discuss any pain they are in, to include relevant orthopaedic and special testing.

The control period (weeks 1-6) will form a baseline of the participant's wellbeing with regards to depression, stress, and anxiety. There will be no intervention in this period.

- During this time participants will complete the DASS-42 questionnaire electronically using Google Forms once each week, they will also be asked to record a score out of 10 for how they feel about the quality of their sleep and a score out of 10 for their energy levels (scales to explain relative scores will be provided for guidance). The day of the week that they will complete the questionnaire will be the day of the week prior to the day they will receive their treatment. i.e. if a participant will be receiving their treatment on a Wednesday, then the DASS-42 will be completed on the

Tuesday.

- Reminders to complete the questionnaire will be sent out via email 24 hours prior to the requirement to complete the DASS-42 including a link to the Google document. i.e. if a participant is required to complete the DASS-42 on the Tuesday, a reminder will be sent out on the Monday.

The intervention period (weeks 7-12) will be comprised of alternating weeks of in-person clinical massage and one-to-one online treatment sessions.

- In weeks 7, 9, and 11, participants will receive a 50-minute clinical massage following the Jing protocol for stress and anxiety attended in-person at my private home clinic (see section 3).
- The treatments in weeks 7, 9, and 11 will include grounding, amma and working the shu points, myofascial cross-hand stretches, power effleurage with hot stones, arm and leg pulls, working conception vessel, transverse fascial plane releases, stripping of the intercostal muscles, deep work to the posterior neck, face massage, and holding the head. No sound will be played in the background during the session.
- In weeks 8, 10, and 12 participants will receive an adapted stress and anxiety protocol of guided 50 minute self-massage via one-to-one video call taken over Microsoft Teams, this will be accessed via email link by the participant and can be accessed via laptop or mobile device as preferred by/accessible to the participant. They will attend the session in their own environment.
- The online treatments in weeks 8, 10, and 12 will include grounding, a body scan, deep belly breathing, self-massage (guided effleurage), acupressure point work, and static stretches. Participants will be asked to do this either on a yoga mat or towel in a space where they will not be disturbed, and to have either a blanket or second towel and a jumper available for comfort. It is accepted that in some cases, for example a single parent, where this might not always be possible, any disturbances will be noted at the time in case it is relevant in the discussion of the results. Some moves will be seated, and others will be lying down. Participants will be instructed to wear comfortable loose clothing, preferably gym shorts and a t-shirt. No sound will be played in the background during the session.
- After each session, the participants will be emailed a pre-recorded 5-10 minute self-care video to follow. This self-care will be performed five times per week. The self-care video will be a follow along guided deep belly breathing session.
- Six days after treatment the DASS-42 questionnaire will be sent via Google Forms to participants to complete before their next intervention.
- Questions will be added at the end of the DASS-42 for the participant to inform the researcher how many times they have performed self-care that week, and will be asked to record for themselves a score out of 10 for how they feel about the quality of their sleep and a score out of 10 for their energy levels overall in the last week (with scales to explain relative scores will be provided for guidance) .
- Full details of the in-person and online treatments and the self-care routines will be added as an appendix to the study.

There will be no contact with participants between weeks 12 and 16, excepting the prompt to fill in the questionnaire six days after the final week 12 intervention.

During week 16, the DASS-42 questionnaire will be completed for a final time. Participants will also attend a one-to-one online meeting on Microsoft Teams to provide feedback, discuss what worked for them and what didn't, and to assess if there were any longer-term changes as a result of the intervention period. If the sessions have worked for a participant, then they will be given an opportunity to continue treatment outside of the research study.

Section 6: Describe what your participants need to do

Prospective participants are required to:

- Check they meet the inclusion criteria by completing a short qualifying questionnaire.
- Watch a pre-recorded video explaining the instrument (DASS-42) and how to fill in the online form and declare they have watched it.
- Fill in the DASS-42 to confirm full eligibility.
- Following the above they must attend an in-person meeting to have the study explained to them.
- Be given an opportunity to ask any questions they have about the study.
- Provide consent to take part in the study.
- Provide information required for the consultation process.
- Participants are required to inform the researcher of any manual therapy, medication or any other relevant treatment, they are receiving for stress, anxiety, and/or depression throughout the duration of the study, including between the intervention and follow up.

- In weeks 1-6: Participants are required to fill in the DASS-42 questionnaire electronically using Google Forms once a week for 6 weeks with no intervention it is anticipated this should take between 5-10 minutes. This will include two extra questions for them to record a score out of 10 for how they feel about the quality of their sleep, and a score out of 10 for their energy levels overall in the last week.
- The day of the week that they will complete the questionnaire will be the day of the week prior to the day they will receive their treatment. i.e. if a participant will be receiving their treatment on a Wednesday, then the DASS-42 will be completed on the Tuesday.
- They should expect a reminder to complete the questionnaire will be received via email 24 hours prior to the requirement to complete the DASS-42 including a link to the Google document. i.e. if a participant is required to complete the DASS-42 on the Tuesday, a reminder will be sent out on the Monday.

- In weeks 7, 9, and 11: participants will attend the researcher's clinic in-person to receive a standardised 50-minute clinical massage following the Jing protocol for chronic stress and anxiety.
- Techniques they will experience are: grounding, amma and working the shu points,

myofascial cross-hand stretches, power effleurage with hot stones, arm and leg pulls, working conception vessel, transverse fascial plane releases, stripping of the intercostal muscles, deep work to the posterior neck, face massage, and holding the head.

- Participants should not expect sound to be playing in the background during these sessions.
- In weeks 8, 10, and 12: participants will attend an online one-to-one 50 minute treatment session on Teams and receive/take part in an adapted stress and anxiety protocol of guided self-massage.
- Participants will be asked to provide themselves with either a yoga mat or towel and set up in a space where they will not be disturbed, they will also be instructed to have either a blanket or second towel and a jumper available for comfort in case they get cold at any stage in the treatment.
- Participants will be expected to do some moves whilst seated, and others when lying down.
- Participants will be required to wear comfortable loose clothing, preferably gym shorts and a t-shirt.
- Techniques they will experience are: grounding, a body scan, deep belly breathing, self-massage (guided effleurage), acupressure point work, and static stretches.
- Participants should not expect sound to be playing in the background during these sessions.
- During the whole intervention period (weeks 7-12):
- In the 24 hours following their first treatment session the participant will receive a pre-recorded 5-10 minute self-care video and given instructions to watch it and follow it five times a week through the intervention period. The participant will be expected to do the following activity: 5 minutes of guided deep belly breathing. A reminder to do this will be given verbally at the end of each treatment, and within 24 hours of treatment via email each week.
- Six days after treatment the participant is required to complete the DASS-42 questionnaire by Google documents again, there will be 3 additional questions at the end of the DASS-42 they are expected to complete for the participant to inform the researcher how many times they have performed self-care that week, and will be asked to record for themselves a score out of 10 for how they feel about the quality of their sleep and a score out of 10 for their energy levels overall in the last week (with scales to explain relative scores will be provided for guidance).
- They should expect a reminder to do this via an email containing a link to the questionnaire to be received the day before (i.e. if they have their treatment on a Wednesday, the questionnaire would be completed on the Tuesday).

Participants should expect no contact between weeks 12 and 16, excepting the prompt to fill in the questionnaire six days after the final week 12 intervention.

During week 16, participants are required to complete the DASS-42 questionnaire for a final time. Participants will also be required to attend an online meeting on Teams to

provide feedback, discuss what worked for them and what didn't, and report if they have noticed any longer-term changes as a result of the intervention period. If the sessions have worked for a participant, they should expect to be offered an opportunity to continue treatment outside of the research study.

Section 7: Respecting confidentiality and ethical issues for participants

General: Children and vulnerable adults are excluded from the study. The study will not involve those currently diagnosed with any of the following mental health conditions: bipolar disorder, schizophrenia, psychosis, an eating disorder, borderline personality disorder (BPD), post-traumatic stress disorder (PTSD), or those experiencing suicidal thoughts. The study does not focus on sensitive topics such as sexuality, trauma etc.

Withdrawal: Participants can withdraw at any time, without explanation and with no consequences for deciding to withdraw. They will be required to give notice by email, in part for safeguarding purposes.

Confidentiality/GDPR:

- All data will be stored securely in accordance with General Data Protection Regulation (GDPR) ruling.
- Assurance will be given that details will not be seen by anyone else.
- During the study participants will be asked not to discuss the study with primary contacts (their own), or secondary contacts (of family and close friends) who live within Devon in case they are also participating. This is to maintain and respect the confidentiality of all participants and to avoid additional interventions in the form of discussing the study or creating personal support groups which would affect the results of this study.
- Data will be anonymized with participants being assigned a number, so their identity is not revealed.
- As soon as the study is over, all details will be deleted.

Trauma, mental & emotional health issues: The researcher will be working with those affected to some degree by depression, anxiety and/or stress this may be to a clinical or subclinical level. Should the researcher be concerned about a participant, referrals will be made to their GP, and they will be signposted to appropriate resources in the form of talking therapies (online and local) and helplines, they will also be reminded of their right to withdraw.

Injury/Accident: The researcher ...

- is a fully qualified therapist
- has valid liability insurance
- holds up-to-date emergency at work first aid training certification

There is minimal risk of injury but possibly there might be some localized bruising,

especially if participant presses too hard during self-care or transient muscle aches that can occur after a massage. This will be explained to participants before consenting to the study.

Personal Risk: Working at a home clinic with no other person present may put the researcher at risk of abuse/attack. They will ensure that they notify a designated person when a participant visits for the first time and will check in with them afterwards. If the researcher feels unsafe with a participant at any point during the study, they reserve the right to expel them from the study, and where necessary report them to the police.

Section 8: Inclusion and exclusion criteria

The study will include:

1. Adults over the age of 18.
2. They must have an occupation that involves them working at a desk or sitting in meetings for the majority of their working hours.
3. They must perform their work during regular office hours. i.e. Monday to Friday between the hours of 8am to 6pm.
4. They may either work in an office, from home, or have a hybrid work set up.
5. On initial completion of the DASS-42 questionnaire, the participant must demonstrate experiencing stress, anxiety or low mood/depression as identified by scoring at least:
 - Stress ≥ 15
 - Anxiety ≥ 8
 - Depression ≥ 10
 - or a combined total score of ≥ 25 .

The study will exclude:

1. Those who only spend short periods sitting at a desk or sitting in meetings, for example if they are on their feet a lot, or regularly travelling between work locations during the work day.
2. Other workers who spend long periods of time sitting for work but do not have a desk-based occupation e.g. drivers.
3. Those who work outside of regular office hours as standard, i.e. shift workers, including those who work at night.
4. On initial completion of the DASS-42 questionnaire, the participant's score is 'normal' i.e. Stress 0-14, Anxiety 0-7, Depression 0-9 or a combined total score of 0-24.
5. Individuals actively seeking treatment for anxiety, depression, or stress, whether this is in the form of new medication (i.e. started taking medication for less than 12 weeks before the control period begins), talking therapies, or other forms of soft tissue therapies including acupuncture, reiki, Bowen technique, cupping, or other forms of massage as these will potentially affect the results of the study.
6. Individuals who are currently diagnosed with, and seeking ongoing treatment for, one of the following mental health conditions: bi-polar disorder, schizophrenia, psychosis, an eating disorder, borderline personality disorder (BPD), post-traumatic


stress disorder (PTSD), or those experiencing suicidal thoughts.

7. Individuals who are living with other medical conditions that could affect wellbeing such as cancer. These are factors outside of the scope of this study and increase the number of factors that could affect the outcome of the study. Additionally, living with these conditions may impact on the participants' ability to work nightshifts and therefore increase the risk of drop out.

Section 9: Student declaration:

I understand that I can only start my project, once this ethical application has been approved. This applies to ALL projects, whether using human participants or not.	YES	NO
--	-----	----

Student's handwritten signature:



(To be completed, once ethical approval has been provided)

Print Name: Katy Louise Brown

Date: 24/07/2025

Jing's assessment

EITHER:

This project is not designed to include fieldwork with human participants. Insofar as secondary data are to be used, I am confident that appropriate procedures are in place for data protection and non-disclosure of any personal or confidential data.

Signature:date:

OR:

This project is designed to include fieldwork with human participants.
(please circle yes or no)

YES All necessary statutory, legislative or other formal external approvals have been obtained (e.g., permissions, police checks, external research ethics and governance approvals in the case of research involving NHS staff or patients or Local Authority service providers or users).

YES The design of this study ensures that the dignity, welfare and safety of the participants will be ensured and that if children or other vulnerable individuals are involved they will be afforded the necessary protection.

YES I am confident that participants will be given all necessary information before the study, in the consent form, and after the study if necessary.

YES I am confident the participants' confidentiality will be preserved.

YES I consider that any risks involved to the student, the participants, and any third party are minimal.

YES I consider that Departmental approval should be given, since ethical risks have been appropriately addressed in the proposal and I am confident that steps will be taken to minimise any risks.

Signature:**Susan Harrison**..... Date:**29/07/25**.....

If a second opinion was sought from a research ethics expert, the advisor should also sign this form below:


Advisor's name (please print):

Advisor's signature: date:

Once the Jing's signature has been obtained, the student must return the completed form to the

Appendix 2: The DASS-42 Questionnaire

<h1>DASS</h1>		Name:	Date:
<p>Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you <i>over the past week</i>. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p><i>The rating scale is as follows:</i></p> <p>0 Did not apply to me at all 1 Applied to me to some degree, or some of the time 2 Applied to me to a considerable degree, or a good part of time 3 Applied to me very much, or most of the time</p>			
1	I found myself getting upset by quite trivial things	0	1 2 3
2	I was aware of dryness of my mouth	0	1 2 3
3	I couldn't seem to experience any positive feeling at all	0	1 2 3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1 2 3
5	I just couldn't seem to get going	0	1 2 3
6	I tended to over-react to situations	0	1 2 3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1 2 3
8	I found it difficult to relax	0	1 2 3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1 2 3
10	I felt that I had nothing to look forward to	0	1 2 3
11	I found myself getting upset rather easily	0	1 2 3
12	I felt that I was using a lot of nervous energy	0	1 2 3
13	I felt sad and depressed	0	1 2 3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0	1 2 3
15	I had a feeling of faintness	0	1 2 3
16	I felt that I had lost interest in just about everything	0	1 2 3
17	I felt I wasn't worth much as a person	0	1 2 3
18	I felt that I was rather touchy	0	1 2 3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1 2 3
20	I felt scared without any good reason	0	1 2 3
21	I felt that life wasn't worthwhile	0	1 2 3

Please turn the page 

Reminder of rating scale:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

Appendix 3: DASS-42 Score Sheet and Interpretation

DASS 42 SCORE SHEET

Enter each score from the questionnaire into the first two columns.
 Add up each row and enter the score into the available box (D, A or S)
 Add up the each of the D, A and S columns.
 The total for each column is the score for that trait:
 D = Depression
 A = Anxiety
 S = Stress
 Use the ratings table below to assess the meaning of each score.

Score Calculation:


Q	Score	Q	Score	All D scores	All A scores	All S scores
1	0	22	0			0
2	0	23	0		0	
3	0	24	0	0		
4	0	25	0		0	
5	0	26	0	0		
6	0	27	0			0
7	0	28	0		0	
8	0	29	0			0
9	0	30	0		0	
10	0	31	0	0		
11	0	32	0			0
12	0	33	0			0
13	0	34	0	0		
14	0	35	0			0
15	0	36	0		0	
16	0	37	0	0		
17	0	38	0	0		
18	0	39	0			0
19	0	40	0		0	
20	0	41	0		0	
21	0	42	0	0		
				0	0	0
				Total for D	Total for A	Total for S

Score Interpretation:

	Depression (D)	Anxiety (A)	Stress (S)
Normal	0 – 9	0 – 7	0 – 14
Mild	10 – 13	8 – 9	15 – 18
Moderate	14 – 20	10 – 14	19 – 25
Severe	21 – 27	15 – 19	26 – 33
Extremely Severe	28+	20+	34 +

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales (2nd. Ed.). Sydney: Psychology Foundation.

Appendix 4: Example of content from the online Version of the DASS-42 Questionnaire created by the researcher



Kate Brown Massage Therapy
ADVANCED CLINICAL
MASSAGE THERAPIST
katebrownmassage@therapy@gmail.com
07792 608 975

WWW.KATEBROWNMASSTHERAPY.COM

Wellbeing Questionnaire Follow Up Assessment

Please read each statement and select the option which indicates how much the statement applied to you over the past week.

There are no right or wrong answers.

Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

* Indicates required question

1. I found myself getting upset by quite trivial things *

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

2. I was aware of dryness of my mouth *

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

3. I couldn't seem to experience any positive feeling at all *

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

Appendix 5: Example of recruitment poster

KB
ADVANCED CLINICAL
& SPORTS MASSAGE

**CALLING ALL 9-5
DESK-BASED WORKERS**

**WELLBEING
RESEARCH
STUDY**

**Do you recognise any of
the following in yourself?**

Feeling Stressed Inability to relax
Low Self-esteem Muscle Tension or Pain
Feeling Irritable Changes to your Sleep
Overwhelm Anxiety Headaches
Struggling to Concentrate Low Mood

Want to know if massage can help?

6
massage sessions
£25
per session
58%
discount
In Cranbrook

**JOIN ME IF YOU WANT TO
MAKE A DIFFERENCE!**

- 6 weeks of 1 weekly questionnaire (September to mid October)
- 6 weeks of treatments - 3 in-person, 3 online (Mid October to late November)
- 1 follow up and feedback session (Mid-December)

Contact Kate via email or scan the QR code
katebrownmassagetherapy@gmail.com
www.katebrownmassagetherapy.com

**THE JING
METHOD**
THERAPIST

Appendix 6: Participant Information letter



STUDENT NAME: Kate Brown

STUDY LOCATION:

4 Henrys Run,

1RD

Cranbrook

EXETER, Devon

www.jingmassage.com

EX5 7AW

628942



The Jing Advanced Institute

28/29 Bond Street

Brighton BN1

01273

Tel: 07792 608 975

e-mail: katebrownmassagetherapy@gmail.com

Dear XX,

Re: Evaluating the effectiveness of the Jing Method of Clinical Massage on the wellbeing of sedentary desk-based workers

Thank you for showing interest in my study. I appreciate you responding to my call for participants. Let me tell you a little more about why I am doing this study and what it entails.

I have been a massage therapist since 2021 and I specialise in the treatment of chronic pain. In my clinic, I work mostly with individuals suffering with a range of chronic pain conditions such as headaches, frozen shoulder, fibromyalgia, stress, and old injuries. This involves me drawing on techniques from different types of massage and working with my clients to produce goal-based, measurable outcomes. I have specialist skills in myofascial release (MFR), working with the jaw or temporomandibular joint (TMJ), hot stones and injury rehabilitation. I work holistically and consider the whole person, not just the physical symptoms. By taking this approach, I have become interested in how I can use my skills to help the mental health component of pain as well as physical pain, as when it comes to pain, the body and the mind are closely intertwined.

In 2024, I embarked on an advanced degree level qualification in my field: the BTEC Level 6 in Advanced Clinical and Sports Massage offered by Jing Advanced Massage, it is the only

place that offers this highest level of education a manual therapist can achieve in the UK. Jing has been running for 22 years and is taught and overseen by experts in the field of musculoskeletal pain, education, sports science and psychology. All the tutors are currently practicing massage therapists with successful clinics which makes them great mentors to learn from.

As part of our course work, we are given an opportunity to design and carry out a study into the effects of a clinical massage wellness programme. Participating in this study is therefore an exciting opportunity to be part of a piece of scientific research! I have chosen to evaluate the effectiveness of the Jing Method of Clinical Massage of desk-based workers who work during regular office hours.

What do I mean by wellbeing?

For the purposes of this study, wellbeing will be measured against three factors, these are levels of...

- Stress
- Anxiety
- Depression

I am looking for people who are over the age of 18 have an occupation that involves them working at a desk or sitting in meetings for the majority of their working hours and whose lives are affected by either, or a combination of, stress, anxiety, and depression. You do not need to have a formal diagnosis for any of these conditions from a doctor, but you must be experiencing symptoms above 'normal' levels as indicated by a standardised questionnaire.

For the purposes of this study, you will be classed as working regular hours if you work between Monday and Friday between the hours of 8am to 6pm. You may either work in an office, from home, or have a hybrid work set up.

Unfortunately, this study would not be suitable if you:

- Do not work in a desk-based role, even if you work within regular hours and spend prolonged periods sitting (for example if you work as a driver).
- Work outside of regular office hours as standard, i.e. you are a shift worker, including if you work at night.
- You regularly travel between work locations during the work day.

I am also unable to accept people who are actively seeking treatment for anxiety, depression, or stress, whether this is in the form of new medication (taking this for less than 12 weeks), talking therapies, or other forms of soft tissue therapies including acupuncture,

reiki, Bowen technique, cupping, or other forms of massage as these will potentially affect the results of the study.

Finally, if you are currently diagnosed with and seeking ongoing treatment for one of the following mental health conditions: bi-polar disorder, schizophrenia, psychosis, an eating disorder, borderline personality disorder (BPD), post-traumatic stress disorder (PTSD), or experiencing suicidal thoughts, you will be unable to participate. Sadly, these conditions fall outside of the scope of this study.

What does the study involve?

If you decide to participate in the study, it will begin in early July 2025. Participation is completely voluntary, and you will be able to withdraw from the study at any time without giving a reason. All your information will be kept confidential, and your data will be anonymised.

We will start off with a face-to-face meeting to through the study, I will gather your contact information and introduce you to the DASS-42 questionnaire. Once the study is fully explained to you, and we have established your eligibility, you will give your consent to take part.

The first 6 weeks, (September and early October) concern understanding your wellbeing. During this time, every week you will fill in the questionnaire via Google forms on the same day, the day of the week you do this will be linked to the day of the week you will have your treatment in weeks 7-12. It should take you approximately 5-10 minutes to complete. I will send you an email prompt to remind you. Each week I will also ask you to rate the quality of your sleep, and your energy levels in the past week. Once all the data is gathered and we have a baseline for your wellbeing, we will then begin the treatment stage and endeavour to make a difference.

The following 6 weeks (mid October to late November) concern the treatment sessions. In weeks 7, 9, and 11, you will receive a 50minute hands on clinical massage treatment and in weeks 8, 10, and 12, you will receive a 50 minute online clinical massage treatment. Each session will be held on the same weekday (made by mutual agreement) and will involve a variety of massage techniques to treat your symptoms. You will also receive a short video of self-care exercises to perform five times during the week.

During these 6 weeks, you will continue to fill out the DASS-42 questionnaire, six days after treatment. I will continue to send you email prompts and I will ask how many times you have performed the self-care routine and ask you to rate your quality of sleep, and rate your energy levels in the last week.

Four weeks after the final hands-on treatment (around mid-December) you will fill out the DASS-42 questionnaire one last time and I will send you a final email prompt.

At the end of the study, I will request a feedback meeting where we will discuss what worked for you and what didn't. If the sessions are working for you there will be an opportunity to continue.

What are the risks and benefits to taking part?

There are minimal risks associated with this project. Although the study is to assess stress, anxiety and depression levels, there are times when life factors can impact our wellbeing. Treatment can occasionally bring to the surface underlying issues which are contributing to your wellbeing. However, I have a number of resources available that I can signpost to you if necessary.

When performing self-massage in the online session, if you apply pressure too deeply, you might cause some slight bruising or transient aches to the area.

The benefits for taking part in the study are that you might experience improved wellbeing, and in turn may also notice a reduction in any pain you may be experiencing, or improved sleep, and possibly other benefits related to these factors.

What will happen to my data?

As soon as you join the study any data relating to you will be anonymised. Your data will be mathematically analysed together with all the other participants' data, and the findings from this analysis will be communicated to the project supervisor and possibly other practitioners.

Once my research is published, I will share with you my findings and invite you to a conference where my colleagues and I will be presenting the findings for each of our projects.

It is very important that you don't engage in any other new treatments for stress, anxiety and/or depression including the use of medication or trying a new therapy without letting me know.

To keep confidentiality, I will also ask that you do not discuss the project with any contacts that could potentially also be participating in this study. Developing connections with others because of the study whilst it is ongoing might also affect the results of the study.

What commitment is required from me?

Please only commit to this study if you are available to attend all sessions and do not intend to take planned trips in this period. There is a small cost to take part in this study, sessions are offered at the significantly discounted rate of £25 per treatment and represents your invaluable contribution to the study whilst acknowledging the time and feedback you provide to support the research. The cost of the six treatment sessions will be £150. I respectfully ask that this sum is made in one payment when you commit to participating in the study.

It will be your right to withdraw from the study at any time, without explanation and with no consequences for deciding to withdraw. However, you will be required to notify me by email. If you withdraw you will be entitled to a partial refund, the value of the refund will be £100 if you leave in the first 6 weeks of the study, and £50 if you leave during the second six weeks of the study.

Please call or email me with any questions.





Thank you again for considering this project, your participation will make a difference to your wellbeing and that of others.

Sincerely,

A handwritten signature in black ink that reads "Kate Brown". The signature is written in a cursive, flowing style.

Kate Brown ACMT

Appendix 7: Online Questionnaire to establish eligibility



Kate Brown Massage Therapy
ADVANCED CLINICAL
MESSAGE THERAPIST
katebrownmassagetherapy@gmail.com
07792 608 975

WWW.KATEBROWNMASSETHERAPY.COM

Step 1: Is This Massage Study Right For You?

Thank you so much for showing interest in my research study ***"Evaluating the effectiveness of the Jing Method of Clinical Massage on the well being of desk-based workers who work during regular office hours"***.

This unique research study aims to make a difference to your wellbeing, and the results will influence the wellbeing of others in the future!

You should have received the welcome letter with more information about the study. The first step will be to establish if this study is right for you. If this is right for you then we will organise a time to chat about the study and give you opportunity ask any questions.

Please answer the following questions honestly. This is a piece of scientific research and I must follow strict guidelines to ensure that it is valid.

*** Indicates required question**

Email *

Record **katebrownmassagetherapy@gmail.com** as the email to be included with my response

Please state your full name *

Your answer _____

Please supply your phone number *

Your answer _____

1. I am over the age of 18 *

Yes

No

2. I work Monday to Friday and my work hours fall between **8am and 6pm** (i.e. I do no work weekends, evenings, or nights) *

Yes

No

3. I spend the majority of my work day at a desk or sitting in meetings *

Yes

No

4A. I work *

In an office

At home

A hybrid of both at home and in an office

4B. If you answered "hybrid working" to question 4A, on average what kind of a split do you have between working from home and in the office?

Your answer _____

5. Do you experience any of the following symptoms of mental health conditions, *
no matter the severity? (select as many as apply to you)

- Feeling stressed
- Feeling anxious
- Low mood or sadness
- Inability to relax
- Feeling irritable
- Low self-esteem
- Struggling to concentrate or make decisions
- Feeling overwhelmed or worrying
- Problems sleeping
- Headaches
- Muscle tension, aches or pain
- Fear of trying new things
- Acting withdrawn (avoiding family/friends/hobbies)
- Changes in appetite
- Low energy levels, tiredness, fatigue
- Low libido

6A. Do you have a formal diagnosis of either depression, anxiety, or stress from a *
medical doctor?

- Yes
- No

6B. If you answered YES to having formal diagnosis of stress/anxiety/depression
are you taking medication?

- Yes
- No

6A. Do you have a formal diagnosis of either depression, anxiety, or stress from a ^{*} medical doctor?

Yes

No

6B. If you answered YES to having formal diagnosis of stress/anxiety/depression are you taking medication?

Yes

No

6C. If you answered YES to question 6B, when did you start taking your medication?

I started taking my medication since 1st June 2025

I started taking my medication before 1st June 2025

7. Are you **currently** seeking any other forms of treatment for ^{*} stress/anxiety/depression?

This is **regardless of whether you have a diagnosis** and includes talking therapies or other forms of soft tissue therapies including acupuncture and dry needling, Reiki, Bowen technique, Alexander technique, cupping, or other forms of massage.

Yes

No

8. Are you currently diagnosed with and seeking ongoing treatment for **any** of the following mental health conditions? (check any that apply) *

- Bi-polar disorder
- Schizophrenia
- Psychosis
- An eating disorder
- Borderline personality disorder (BPD)
- Post-traumatic stress disorder (PTSD)
- Experiencing suicidal thoughts
- None of the above

9. The study will take place over the 16 weeks, and you **MUST be available** in person for the treatment phase between **mid October and late November** to take part. *

I confirm that it is my intention to be available for massage sessions during the period

Week commencing 13th October to week ending 23rd November.

- Yes
- No

10. I understand that my eligibility to take part is conditional on the outcome of completing a standardised wellbeing questionnaire as I need to be demonstrating high enough levels of stress, anxiety, or depression, or an overall combination of symptoms for these conditions at the start of the study. *

- Yes
- No

11. I understand that there is a cost involved to take part in this study. *

There are 6 massage sessions priced at £25 per session, totaling £150. Massages would normally be charged at £60 which would cost £360 so this offers a 58% discount to acknowledge your invaluable contribution.

- Yes
- No

12. I understand that I will need to complete ALL wellbeing weekly questionnaires. And that I MUST be available for my weekly session (lasting 1 hour) between the weeks commencing 13th October, and weekending 23rd November. *

- Yes
- No

13. I am able to travel to Cranbrook, Devon for my face to face massage sessions. *

- Yes
- No

14. How did you hear about this study? *

- Facebook/Instagram KBMT page
- Through a post in a Facebook Community Group
- Your poster was circulated at my work place
- I saw your poster in a public space
- Word of mouth, a friend, family member or colleague told me
- Other: _____

Please review your answers before you submit to make sure you are happy.

What Happens Now?

I will review your answers and get back to you letting you know whether you look like you are a suitable candidate or not.

If you look like you will be a suitable candidate, you will receive a link to the standardised questionnaire along with a video explaining the questionnaire and how to complete it with more information on what will happen next.



Submit

[Clear form](#)

Appendix 8: Participant Consent Form



PARTICIPANT CONSENT FORM

Title of study: Evaluating the effectiveness of the Jing Method of Clinical Massage on the wellbeing of sedentary desk-based workers


Name of student: Katy Louise Brown (Kate)

	Yes	No
I have read the information letter about this study		
I have had an opportunity to ask questions and discuss this study		
I have received satisfactory answers to all my questions		
I have received sufficient information about this study		
<p>I understand that I (the participant) am free to withdraw from this study:</p> <ul style="list-style-type: none"> • At any time (until such date as this will no longer be possible, which is once anonymised data from all the study participants has been merged) • Without giving a reason for withdrawing • That I am free to refuse to answer any question without saying why • That the services I am receiving will not be affected whether I participate or not. 		
I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking 'No' here.		
I understand that whilst the study is ongoing I must not discuss with colleagues, or friends in Devon who also meet the eligibility criteria to ensure anonymity and confidentiality of all participants and to avoid creating support groups that may affect the outcome of this study.		
I understand that online sessions may not be recorded		
I agree to take part in this study		

Signature (participant)	Date:
Name: (BLOCK LETTERS)	
BTEC students contact details (including telephone number and e-mail address):	
Name of student: Katy Louise Brown	
Kate Brown Massage Therapy	
4 Henry's Run, Cranbrook, EXETER, Devon, EX5 7AW	
Tel no: 07792 608 975	
Email: katebrownmassagetherapy@gmail.com	

Appendix 9: Weekly self-assessed Sleep quality and Energy level scales

Overall, how would you rate the quality of your sleep in the last week? *




1 2 3 4 5 6 7 8 9 10

Terrible Poor Fair Good Excellent

1 2 3 4 5 6 7 8 9 10

☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆

Overall, how would you rate your energy levels in the last week? *



1 2 3 4 5 6 7 8 9 10

Exhausted Very Tired Tired Slightly Tired/ Rested Well Rested Full of Energy

1 2 3 4 5 6 7 8 9 10

♡ ♡ ♡ ♡ ♡ ♡ ♡ ♡ ♡ ♡

Submit Clear form

Appendix 10: Jing Method™ adapted Chronic Stress Protocol with timings for in-person treatments

<u>Component</u>	<u>Time (minutes)</u>	<u>Cumulative time (minutes)</u>
In prone: Amma/ shu points	5	5
MFR cross hand stretch - shoulders	3	8
MFR cross hand stretch - low back	3	11
Apply massage medium	0.5	11.5
Power effleurage with hot stones - back	3	14.5
Turn client to supine	0.5	15
Place stones down midline and grounding	2	17
Arm pull - left	3	20
Arm pull - right	3	23
Leg pull - left	3	26
Leg pull - right	3	29
Remove stones and work conception vessel	2	31
Pelvic transverse fascial plane release	5	36
Stripping the intercostals	4	40
Chest transverse fascial plane release	5	45
Deep work to the posterior neck	3	48
Face massage	1.5	49.5
Head hold	0.5	50
	Total Time (minutes)	50

Appendix 11: Jing Method™ adapted Chronic Stress Protocol with timings for Grounding online session focussing on the lower body

<u>Component</u>	<u>Time (minutes)</u>	<u>Cumulative time (minutes)</u>
Grounding (participant standing)	5	5
Controlled spine roll down and back up (vertebral flexion and extension)	0.5	5.5
Rag doll (with or without movement)	1.5	7
Acupressure point: Kidney 1 Left	0.5	7.5
Foot massage (interossei and plantar fascia) Left	3	10.5
Ankle mobilisations/stretchers Left	2	12.5
Acupressure point: Bladder 59 Left	0.5	13
Lower leg massage Left (gastrocnemius and soleus)	3	16
Lower leg massage Left (anterior tibialis and peroneals/fibularis)	2	18
Acupressure point: Stomach 36 Left	0.5	18.5
Acupressure point: Kidney 1 Right	0.5	19
Foot massage (interossei and plantar fascia) Right	3	22
Ankle mobilisations/stretchers Right	2	24
Acupressure point: Bladder 59 Right	0.5	24.5
Lower leg massage Right (gastrocnemius and soleus)	3	27.5
Lower leg massage Right (anterior tibialis and peroneals/fibularis)	2	29.5
Acupressure point: Stomach 36 Left	0.5	30
Thigh butterfly squeezing/soft fists Left	3	33
Thigh butterfly squeezing/soft fists Right	3	36
Seated hamstring stretch	2	38
Hip flexor stretch L	1	39

Hip flexor stretch Right	1	40
Spiky ball buttocks and hip Left	2	42
Spiky ball buttocks and hip Right	2	44
Glute stretch Right	0.75	44.75
Glute stretch Left	0.75	45.5
Piriformis stretch Left	0.75	46.25
Piriformis stretch Right	0.75	47
Lying spinal twist Left	1	48
Lying spinal twist Left	1	49
3 deep breaths (eyes closed)	0.5	49.5
	Total Time (minutes)	49.5

Appendix 12: Jing Method™ adapted Chronic Stress Protocol with timings for Connecting online session 2 focussing on the torso

<u>Component</u>	<u>Time (minutes)</u>	<u>Cumulative time (minutes)</u>
Body scan (seated or reclined)	7	7
Cat cow	2	9
Static rotator cuff stretch Left	1	10
Static rotator cuff stretch Right	1	11
Seated thoracic rotation Left and Right as AIS	5	16
Acupressure point: Lung 2 Left	0.5	16.5
Pec massage soft fists Left	3	19.5
Grasping pectoralis major with shoulder abduction Left	2	21.5
Subscapularis trigger point release Left	2	23.5
Acupressure point: Triple energizer 15 Left	1	24.5
Acupressure point: Lung 2 Right	0.5	25
Pec massage with soft fists Right	3	28
Grasping pec with shoulder abduction Right	2	30
Sub scapularis trigger point release Right	2	32
Acupressure point: Triple energizer 15 Right	1	33
Alternating rhomboid and pec AIS	5	38
Acupressure point: Conception vessel 17	1	39
Acupressure point: Bladder 23 each side	1	40
Abdominal massage	3	43
Lying pelvic tilts	3	46
Lying spinal twist Left	1.5	47.5

Lying spinal twist Right	1.5	49
3 deep breaths (eyes closed)	0.5	49.5
	Total Time (minutes)	49.5

Appendix 13: Jing Method™ adapted Chronic Stress Protocol with timings for Relaxing online session 3 focussing on the arms, neck and head


<u>Component</u>	<u>Time (minutes)</u>	<u>Cumulative time (minutes)</u>
Deep belly breathing (seated or reclined)	5	5
Shoulder rolls	2	7
Fingers flexion and extension (10 reps bilaterally)	1	8
Acupressure point: Heart 8 lesser mansion (curl in fingers where does little finger pad lie) Left	0.5	8.5
Self-massage of forearm Left	3	11.5
Wrist Flexors and Extensors static stretches Left	2	13.5
Self-massage of upper arm Left	2	15.5
Tricep stretch Left	1.5	17
Acupressure point: Heart 8 lesser mansion (curl in fingers where does little finger pad lie) Right	0.5	17.5
Self-massage of forearm Right	2	19.5
Wrist Flexors and Extensors static stretches Right	3	22.5
Self-massage of upper arm Right	2	24.5
Tricep stretch Right	1.5	26
Fascial stretch for anterior neck	3	29
Static stretch for posterior neck	2	31
AIS scalenes (Left and Right alternating)	5	36
Upper trapezius static stretch each side	4	40
Self Direct-Integration of SCM (head turning, back of curled fingers) 3 reps each side	3	43

Acupressure point: Bladder 10 (one finger width below the base of the skull, slightly to the side of the spine)	0.5	43.5
Face self-massage (bilat)	3	46.5
Acupressure point: Governing vessel 24.5	0.5	47
Temporalis massage	2	49
Acupressure point: Governing vessel 20 (tup from ears find the dip on top of head)	0.5	49.5
3 deep breaths (eyes closed)	0.5	50
	Total Time (minutes)	50.0

Appendix 14: Accompanying educational hand out explaining stress, anxiety and depression


STRESS. ANXIETY. DEPRESSION.

SUB-OPTIMAL WELLBEING SHOWS UP IN THE BODY DIFFERENTLY FOR EVERYONE



SYMPTOMS

PHYSICAL, MENTAL AND BEHAVIOURAL

Feeling stressed		Anxiety, Nervousness & Worry
Muscle tension or pain		Overwhelm
Headaches		Dizziness
Burn out	Low mood	Avoiding people or activities
Struggling to concentrate and make decisions	Constant checking	Inability to relax or switch off
Low self-esteem	Loss of joy	Changes to your sleep (either too much or too little)
Being irritable	Feeling tired but wired	Low energy
Low libido or problems with sex	Brain fog/ Forgetfulness	

THE NERVOUS SYSTEM

The peripheral nervous system (PNS) has thousands of receptors all over the body. Signals from them travel through the spinal nerves to the brain (together making the central nervous system (CNS)). The brain then assesses any threats and decides what the body needs to do to keep you safe and reacts accordingly (eg. secreting hormones). The PNS is split into voluntary actions, and involuntary ones. Involuntary actions can either help you deal with perceived danger (sympathetic), or keep the body running as normal (parasympathetic).

CENTRAL SENSITISATION

Usually, when a threat passes and your PNS decreases signals to the brain, your body returns to normal. Sometimes though signals stay the same or increase. The brain then has a distorted idea of a threat and responds as though it is still there and physical symptoms persist.

FIGHT, FLIGHT, FREEZE & FAWN

Signals from the brain activate the sympathetic nervous system readying the body to protect itself. This is a helpful response for short periods.

Fight and flight responses make your heart beat faster and put your senses and muscles on high alert. Stress hormones are released, preparing you for action.

Freeze and fawn responses are different, you withdraw and avoid uncomfortable situations to keep the peace. Trying to please affects your thoughts.

Your body switches off non-essential functions like digestion and sex drive until you feel safe.

With depression, stress, or anxiety, external factors can persist allowing symptoms to become chronic. Messages can also get mis-interpreted by the brain.


ACTIONS TO HELP IMPROVE YOUR WELLBEING





P.S. YOU DON'T NEED TO BE DEPRESSED, STRESSED, OR ANXIOUS TO BENEFIT!


Aim to calm your mind and body by activating the parasympathetic nervous system, this is the part of the nervous system responsible for the "rest and digest" mode.

Do this in **whatever way feels good and works for you**, some suggestions are: practice deep belly breathing, do a body scan, take a walk outside, practice stretching and yoga, meditate, journal your thoughts and feelings for the day, play your feel-good song, chat to a friend or family member, give and receive a hug, and **get a massage!**

It can be difficult to find time to stop, but regularly taking a few minutes can help to keep your wellbeing in check.





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GROUNDING

A FOOT, KNEE, LEG, AND HIP FOCUS

FEEL PRESENT, CALM, AND STABLE

★

EVEN WHEN FACED WITH UNCERTAINTY OR STRESS



GET TO KNOW YOUR BODY ★ ANATOMY CORNER

- Plantar fascia is the connective tissue on the sole of the foot. When it is tight people often wake up stiff or sore around the heel in the morning which eases as the lower leg muscles get warm from movement.
- Tibialis anterior is a muscle on the front of the lower leg and tightness here is often responsible for shin splints.
- Gastrocnemius and soleus make up the calf muscles and are connected to the Achilles' tendon. The calf is known as the 'second heart' as contractions help pump blood towards the lungs to get more oxygen (see picture right).




- The hamstrings and quadriceps are powerful muscles that make up the thigh.
- There are 3 glute muscles in each bum cheek. Several smaller ones beneath them help the leg to rotate from the hip. Tight bum muscles can be responsible for symptoms of sciatica (see picture left).
- Adductors lie in the inner thigh and are associated with groin strains.

★ ALL ABOUT FASCIA AND WHAT IS MYOFASCIAL RELEASE?

Fascia is a connective tissue. It is abundant in the body running around and through every single structure. It protects structures, supports movement and provides stability in the body. It also acts as a communication network, sending information to the brain about forces applied to it, and plays a role in proprioception (the awareness of our movement and where we are in space).

Fascia is **closely linked to the nervous system**, including the autonomic nervous system and responds by tightening when we become stressed.

Whilst massage affects all soft tissues in the body in the sense they are connected to each other, **myofascial release** techniques aim to loosen the fascia to create space for the other structures to relax into. There are two broad methods, direct and indirect. **Direct methods** are dynamic and involve fascia being moved. **Indirect methods** are slow and gentle, and evokes movement in the fascia as a response to touch. ★

★ THE 'HAPPY HORMONES'

Hormones are chemicals that are produced by the body. Each has a specialist role and sends messages to other parts of the body. Four of these hormones are collectively known as the "happy hormones". Their levels in the body play a role in controlling the feelings experienced, and physical symptoms associated with stress, anxiety, and depression, including mood, digestion and sleep.

Dopamine: Part of the body's 'reward' system. It helps you feel pleasure and increases your motivation.

Endorphins: The body's natural pain killers. They help to decrease stress and promote a sense of wellbeing.

Oxytocin: Also known as the 'cuddle' or 'love' hormone. It helps us bond with others, increases pleasure, and reduces stress and anxiety levels.

Serotonin: The body's mood booster. It helps to increase wellbeing and happiness, and aids calmness.

DO IT YOURSELF!!!! A QUICK GUIDE TO TECHNIQUES YOU CAN USE ANYWHERE ★★

Self Massage: 

Use the heel of your hand or relaxed knuckles in circular motions on the soles of your feet and calves.

Gently squeeze your thigh muscles between your hands.

Use supported fingers or thumbs to press into the fleshy part of your shin.

Use tools to help get into tight or sore spots 

Accupressure points: 

Hold for 3-5 deep breaths

Kidney 1 

Stomach 36 

Top Stretches: 

Hold for 30-60 seconds (each side where applicable)

Hip flexor stretch 
(option back knee down)

Seated hamstring stretch 

Figure 4 stretch 

Standing calf stretch 

★ Actions to release happy hormones: exercise, spending time outside in the daylight, eat a balanced diet, social contact and hugging, listening to music, and getting a massage.











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CONNECTING

A BACK, CHEST AND BELLY FOCUS

LEARNING HOW TO UNDERSTAND, SUPPORT, AND VALUE YOURSELF



GET TO KNOW YOUR BODY ANATOMY CORNER




The diaphragm (see left) is a powerful muscle that lies below the ribs and plays a major role in breathing, it pulls down when we breathe in to make extra space for the lungs to fill with air. When we get stressed or anxious we breathe more shallowly which is controlled by smaller accessory muscles higher up in the chest and the diaphragm can become tight.

Your core muscles are made up of more than just your abdominals, they are also made up of all the other muscles between your diaphragm and the pelvic floor too.

The rotator cuff is made up of 4 different muscles, all of which attach on to the scapula (shoulder blade).

Latissimus dorsi (known as the lats) is the largest and widest muscle in the back. Another kite shaped muscle called trapezius (known as the traps), is also large, and different parts of it help you with different neck and shoulder movements (see right).

Erector spinae is a group of muscles that run from the base of your spine all the way up to your head, they help us to stand upright.



TRAPEZIUS

LATISSIMUS DORSI

MUSCLES AND KNOTS

Muscles are built up of bundles of muscle fibres that lie smoothly alongside each other lying in the same direction. They feed into tendons which attach the muscle to your skeleton. When muscles contract they produce movement.

Knots, Adhesions, Trigger points. These are all names for those focal points within a muscle that can feel tender, sore, and hard. They occur when some of the fibres within a muscle contract and will not relax, you feel them as lumps because they are bunched up and lie differently from the smooth aligned structure of the rest of the muscle.

Knots form for a variety of reasons including: injury, poor posture, both over using or lack of using muscles, chronic stress, anxiety & depression, disturbed sleep, ageing, and joint problems including being hypermobile.

The **pain can refer into other areas of the body**, in predictable patterns. Applying gentle pressure helps the fibres to relax, relieving pain and restoring muscle function.

ALL ABOUT STRETCHING

Stretching involves lengthening a muscle, the aim is to **help improve flexibility and range of motion**.

There are **3 types of stretches**

Static: getting into a position and holding it (start off by trying to get to 30 seconds). Stretches the muscle.

PNF: activating the muscle but producing almost no movement. Helps to stretch and strengthen the muscle.


AIS: using repetitive movement of a joint and holding at end of range for 1-2 seconds. Stretches and strengthens the muscles, with an added cardio component.

Stretching can be a great habit as part your wellness routine. **Other benefits** of doing it regularly can include: reduced pain, stress relief, increased energy, better sleep, improved mobility, and reduced injury risk.

Top Tips:
Start small, work within your pain free range, and use props like cushions, furniture or yoga blocks to help.

DO IT YOURSELF!!!! A QUICK GUIDE TO TECHNIQUES YOU CAN USE

Self Massage:




When massaging your tummy make sure you go clockwise

Use flat palms or loose fists to work across the chest from sternum outwards


Be gentle when putting your fingers into your armpit to grasp the lats or press down onto the scapula (feel downwards for the bone) you can always add more pressure later

Use tools to help get into tight or sore spots

Acupressure points:
Hold for 3-5 deep breaths




Bladder 23
Waist level either side of the spine




Conception vessel 17
Centre chest

Tip: Support your fingers or thumb with your other digits


Top Stretches:
Hold for 30-60 seconds (each side where applicable)




Cat / Cow mobilisation 10 in each direction







Back of the shoulder stretch






Pelvic tilt or progress to hip bridge (squeeze bum at the top)



Lying spine twist

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RELAXING

A HEAD, NECK, HAND, AND ARM FOCUS

FINDING A STATE OF CALMNESS AND COMFORT, AND LETTING GO OF YOUR WORRIES



GET TO KNOW YOUR BODY ★ ANATOMY CORNER

- Two of the most known muscles in the body are the **biceps and the triceps**, they are involved in movement of the elbow joint allowing you to **bend and straighten your arm**, and also aid in some shoulder movements.
- There are muscles in both sides of the forearm...
- The **extensors** lie on the hairy side, and are the ones that activate when reaching out your hand in the STOP signal. Tightness here is responsible for **tennis elbow**.
- The **flexors** lie on the smooth side of the forearm and activate when we do gripping actions. Tightness here is responsible for **golfer's elbow**.







- There are **43 muscles in you face**, and more than 20 others in your neck.
- Trigger points that form in the **muscles of the neck and face contribute to headaches**. Identifying where the pain is can help you work out which muscles might need some attention.
- Tension in some neck muscles can even result in other symptoms like toothache, dizziness, tinnitus, blurred vision, vertigo and nausea.

★ WHY HEAT IS A SUPER HERO

Using **heat** can be a useful way to support your body with **benefits** including: helping the muscles to relax, reducing muscles stiffness, increasing circulation, increasing flexibility, and promoting relaxation.

Heat delivers these benefits by encouraging the blood vessels to widen allowing more blood to flow into the muscles, delivering oxygen and essential nutrients to the muscles. This all helps the muscles and connective tissues in the body to soften.

As the soft tissues in the body relax, this helps to activate the parasympathetic nervous system taking you into the rest and digest mode. This lowers the heart rate, and may result in endorphins and serotonin being released, and the stress hormone cortisol being reduced.

★ Having a hot bath or shower, or using a hot water bottle, wheat bag or microwaveable plushie are great ways for you to **reap the benefits of heat at home**.

★ WHAT ARE ACUPRESSURE POINTS?

Whereas treating trigger points is a western view of working with the body. **Acupressure points** come from an **eastern way of working**.

Acupressure points are **specific points** within the body, where qi (pronounced ch-EE) can be easily accessed. They are located in **the same place on every single person**.

Qi refers to the **energy** in the body, where imbalance results in ill-health. The qi is believed to flow along lines in the body, these channels are called meridians and many are named for different vital organs.

Each acupressure point has its own function and can be used to address pain, have a calming effect on the body, or help with mental health amongst other benefits. They can be done through clothing and be easily taught for self-care practices.

DO IT YOURSELF!!!! A QUICK GUIDE TO TECHNIQUES YOU CAN USE

Self Massage:



Use 2 or 3 fingers to massage the face starting from the centre line, moving outwards and then following the natural curves of the face.

Gentle squeezing and using soft fists feels great on arms and the neck. Pressing a thumb into the fleshy area at the base of the thumb feels great.

★ Use tools to help get into tight or sore spots

Accupressure points:

Hold for 3-5 deep breaths



- Bladder 10**
Back of the head just below the ridge
- Governing Vessel 20**
Top of the head
- Heart 8**
Curl fingers into palm. Press just below where your little finger touches

Top Stretches:

Hold for 30-60 seconds (each side where applicable)



- Wrist stretches**
- Trapezius Stretch**
Tilt and rotate your head as if you are going to sniff your armpit
- Triceps Stretch**
- Scalenes Stretch**
Make sure the opposite shoulder doesn't rise up.










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Appendix 18: Feedback Questionnaire as appeared online to participants



Kate Brown Massage Therapy
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Final Feedback!!!!

Look at you! You made it to the end of my study "***Evaluating the effectiveness of the Jing Method of Clinical Massage on the well being of desk-based workers***".

I'm so happy that you chose to take part in this unique research study aimed at making a difference to your wellbeing. I'm busy processing all the results and I can't wait to share them with you when everything is finalised.

This feedback form is the final commitment towards this project, the questions aim to discover how this study affected you, what bits you found useful, and what things if you were participating again you would have found helpful to do differently.

Please answer the following questions honestly, criticism is just as important as praise and will help future researchers to create even better projects. After all we can only learn from what has come before!

* Indicates required question

Email *

Record katebrownmassagetherapy@gmail.com as the email to be included with my response

What did you hope to get out of taking part in this study? *

Your answer

Do you think taking part in this study has had a positive effect on your wellbeing? *

Yes

No

What makes you say that? *

Your answer

What changes to your wellbeing, if any, have you noticed? (This can include improvements, deterioration, or no changes) *

Your answer

Based on your experience (the treatments, home care and accompanying hand outs), are there any changes that you have implemented into you daily/weekly routine? *

Your answer

What did you think to the **hands on** treatments? (include things you enjoyed, dislikes, how it made you feel) *

Your answer

What did you think to the **online** treatments? (include things you enjoyed, dislikes, how it made you feel) *

Your answer

Did you find the blend of online and in person treatments beneficial? *

- Yes
- No

What makes you say that? *

Your answer _____

Would you recommend either online only sessions, or blended treatment sessions to others if they were offered?

- No
- Online only
- A mixture of both

Given the choice what would you prefer if you were to come back for treatment relating to your wellbeing?

- Hands on only
- Online only
- A mixture of both

How did you find doing breathing home care exercise? *

Your answer _____

Did you think the breathing home care exercise helped? *

Yes

No

Did you find the instructions for breathing exercise easy to understand?

Yes

No

Do you feel it was achievable to attempt breathing exercise five days per week?

Yes

No

Do you feel that the weekly wellbeing questionnaire was suitable at capturing your experience?

Yes

No

If you answered NO, what makes you say this?

Your answer _____

Which of the accompanying hand outs did you read (tick all that apply) *

Stress, Anxiety, Depression, Information sheet

Grounding sheet

Connecting sheet

Relaxing sheet

Did you find the content of the information sheets appropriate? *

1= the content was inappropriate for working on my wellbeing
5= the content was very appropriate for working on my wellbeing

1	2	3	4	5
				

Did you find the content of the information sheets useful? *

1= Not useful at all
5= Incredibly useful

1	2	3	4	5
				

Did you find the content of the information sheets enjoyable? *

1= I did not enjoy reading the information
5= I really enjoyed reading the information

1	2	3	4	5
				

Was the amount of information given about right? *

- Yes
- No, too much
- No, too little

Please use this space if there are any other thoughts or comments you would like to add

Your answer _____

Please review your answers before you submit to make sure you are happy.
If anything else springs to mind after submitting this form please feel free to contact me via email.

katebrownmassagetherapy@gmail.com



Submit

Clear form

Appendix 19: Full Set of Recorded Results

Overall DASS-42 Scores

Week	Participant 1	Participant 2	Mean
1	25	23	24
2	23	18	20.5
3	17	19	18
4	17	22	19.5
5	13	18	15.5
6	20	28	24
7	14	14	14
8	14	12	13
9	8	9	8.5
10	6	15	10.5
11	8	17	12.5
12	6	14	10
16	6	7	6.5

Depression Scores

Week	Participant 1		Participant 2		Mean	
	Score	Category	Score	Category	Score	Category
1	11	Mild	0	Normal	5.5	Normal
2	11	Mild	0	Normal	5.5	Normal
3	12	Mild	0	Normal	6	Normal
4	9	Normal	0	Normal	4.5	Normal
5	6	Normal	0	Normal	3	Normal
6	12	Mild	0	Normal	6	Normal
7	11	Mild	0	Normal	5.5	Normal
8	6	Normal	0	Normal	3	Normal
9	7	Normal	0	Normal	3.5	Normal
10	5	Normal	1	Normal	3	Normal
11	7	Normal	0	Normal	3.5	Normal
12	5	Normal	0	Normal	2.5	Normal
16	4	Normal	0	Normal	2	Normal

Anxiety Scores

Week	Participant 1		Participant 2		Mean	
	Score	Category	Score	Category	Score	Category
1	3	Normal	2	Normal	2.5	Normal
2	0	Normal	2	Normal	1	Normal
3	1	Normal	2	Normal	1.5	Normal
4	0	Normal	4	Normal	2	Normal
5	0	Normal	7	Normal	3.5	Normal
6	1	Normal	5	Normal	3	Normal
7	0	Normal	0	Normal	0	Normal
8	0	Normal	1	Normal	0.5	Normal
9	0	Normal	0	Normal	0	Normal
10	0	Normal	2	Normal	1	Normal
11	0	Normal	2	Normal	1	Normal
12	0	Normal	0	Normal	0	Normal
16	0	Normal	0	Normal	0	Normal

Stress Scores

Week	Participant 1		Participant 2		Mean	
	Score	Category	Score	Category	Score	Category
1	11	Normal	21	Moderate	16	Mild
2	12	Normal	14	Normal	13	Normal
3	4	Normal	16	Mild	10	Normal
4	8	Normal	15	Mild	11.5	Normal
5	7	Normal	10	Normal	8.5	Normal
6	7	Normal	20	Moderate	13.5	Normal
7	3	Normal	14	Normal	8.5	Normal
8	8	Normal	11	Normal	9.5	Normal
9	1	Normal	9	Normal	5	Normal
10	1	Normal	13	Normal	7	Normal
11	1	Normal	15	Mild	8	Normal
12	1	Normal	13	Normal	7	Normal
16	2	Normal	7	Normal	4.5	Normal

Appendix 20: Self-Reported Energy and Sleep Scores

Week	Self-Reported Energy Score		Self-Reported Sleep Score	
	Participant 1	Participant 2	Participant 1	Participant 2
1	6	5	6	3
2	7	5	7	6
3	6	7	6	7
4	4	5	3	6
5	5	2	5	7
6	6	4	5	3
7	5	6	6	4
8	6	5	6	5
9	6	6	6	7
10	7	5	7	6
11	8	4	8	4
12	8	5	8	5
16	8	6	8	6